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SAN DIEGO, CALIF.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**

COVER PAGE

2013 MAR 28 PM 3:16

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Emerald Martha Naomi

**1. Office, Agency, or Court**

Agency Name  
City Council  
Division, Board, Department, District, if applicable  
District 9  
Your Position  
Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: Mission Trails Regional Task Force Position: Chair

**2. Jurisdiction of Office (Check at least one box)**

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County ☐ County of  
☒ City of San Diego ☐ Other

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is / / , through December 31, 2012.  
☐ **Assuming Office:** Date assumed / /  
☐ **Leaving Office:** Date Left / /  
(Check one)  
☐ The period covered is January 1, 2012, through the date of leaving office.  
☐ The period covered is / / , through the date of leaving office.  
☐ **Candidate:** Election year and office sought, if different than Part 1:

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page:

☐ **Schedule A-1 - Investments** - schedule attached  
☒ **Schedule A-2 - Investments** - schedule attached  
☐ **Schedule B - Real Property** - schedule attached  
☒ **Schedule C - Income, Loans, & Business Positions** - schedule attached  
☒ **Schedule D - Income - Gifts** - schedule attached  
☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None - No reportable interests on any schedule**

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of

Date Signed 2/19/13  
(month, day, year)

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>Martha N. Emerald</b>
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► NAME OF SOURCE (Not an Acronym)  
**San Diego Police Foundation**

ADDRESS (Business Address Acceptable)  
**8910 University Center Lane #455, SD, CA 92122**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Foundation**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 12	\$ 65.00	Luncheon
06 / 13 / 12	\$ 100.00	Recognition Luncheon
11 / 03 / 12	\$ 250.00	Gold Shield Gala

► NAME OF SOURCE (Not an Acronym)  
**Evans Hotel**

ADDRESS (Business Address Acceptable)  
**998 West Mission Bay Drive, SD, CA 92109**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Hotel Operations/Owners**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 12	\$ 207.00	Holiday Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
**IBEW**

ADDRESS (Business Address Acceptable)  
**4545 Viewridge Avenue, Suite 100, SD, CA 92123**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Labor Union**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 08 / 12	\$ 55.00	Graduation Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
**UCSD Health Services**

ADDRESS (Business Address Acceptable)  
**9500 Gilman Drive, Dept 0012, La Jolla, CA 92023**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Health Services**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 25 / 12	\$ 50.00	Awards Breakfast
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
**Barrio Station**

ADDRESS (Business Address Acceptable)  
**2175 Newton Avenue, SD, CA 92113**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Social Services**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 08 / 12	\$ 50.00	Benefit Banquet
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
**Planned Parenthood**

ADDRESS (Business Address Acceptable)  
**1075 Camino Del Rio South, SD, CA 92108**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Health Services**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 12	\$ 150.00	Awards Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Martha N. Emerald

► NAME OF SOURCE (Not an Acronym)

NAACP

ADDRESS (Business Address Acceptable)

P.O. Box 152086, San Diego, CA 92195

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 20 / 12	\$ 100.00	Freedom Fund Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

San Diego Crime Commission

ADDRESS (Business Address Acceptable)

5694 Mission Ctr. Rd., #602-432, SD, CA 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Crime Prevention

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 02 / 12	\$ 100.00	Awards Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ICWJ Interfaith

ADDRESS (Business Address Acceptable)

3727 Camino Del Rio South, #100, SD, CA 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Social Justice Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 12	\$ 50.00	Annual Breakfast
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

National University

ADDRESS (Business Address Acceptable)

2107 Third Avenue, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 27 / 12	\$ 250.00	Veterans Gala
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

California Women's Museum

ADDRESS (Business Address Acceptable)

2323 Broadway, #107, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Women's Museum

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 09 / 12	\$ 125.00	Fundraising Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Jewish Family Services

ADDRESS (Business Address Acceptable)

8804 Balboa Park Ave., San Diego, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Social Service Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 12	\$ 50.00	Fundraising Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>Martha N. Emerald</b>
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► NAME OF SOURCE (Not an Acronym)  
**San Diego Yokohama Sister City Society**

ADDRESS (Business Address Acceptable)  
**PO Box 122842, SD, CA 92112**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Civic Organization**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 12	\$ 50.00	55th Anniv. Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
**California Hispanic Chamber of Commerce**

ADDRESS (Business Address Acceptable)  
**770 L Street, Suite 900, Sacramento, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Business Association**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 15 / 12	\$ 147.50	Reception
08 / 16 / 12	\$ 147.50	Luncheon
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
**Family Justice Center**

ADDRESS (Business Address Acceptable)  
**1122 Broadway Suite 200, SD, CA 92101**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Social Services**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 10 / 12	\$ 55.00	10th Anniv Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
**San Diego County Fair**

ADDRESS (Business Address Acceptable)  
**2260 Jimmy Durante Blvd., Del Mar, CA 92014**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**County Fair**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 27 / 12	\$ 75.00	Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
**SD LGBT Center**

ADDRESS (Business Address Acceptable)  
**3909 Centre St., SD, CA 92103**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Social Service/Advocacy**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 06 / 12	\$ 200.00	39th Anniv Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
**San Diego Hospice**

ADDRESS (Business Address Acceptable)  
**4311 Third Ave. SD, CA 92103**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Hospice**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 04 / 12	\$ 71.00	Flowers
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>Martha N. Emerald</b>
---

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$	
___/___/___	\$	
___/___/___	\$	

► NAME OF SOURCE (Not an Acronym)

**Neighborhood Market Association**

ADDRESS (Business Address Acceptable)

**7050 Friars Road, Suite 300, San Diego, CA 92108**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Non-Profit Independent Retailers Association**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>02/16/12</b>	<b>\$ 75.00</b>	<b>Statewide Banquet</b>
___/___/___	\$	
___/___/___	\$	

► NAME OF SOURCE (Not an Acronym)

**San Diego County Democratic Party**

ADDRESS (Business Address Acceptable)

**8340 Clairemont Mesa Blvd., # 105, SD, CA 92111**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Political Organization**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>04/14/12</b>	<b>\$ 95.00</b>	<b>Awards Dinner</b>
___/___/___	\$	
___/___/___	\$	

► NAME OF SOURCE (Not an Acronym)

**San Diego Downtown Partnership**

ADDRESS (Business Address Acceptable)

**401 B Street, Suite 100, San Diego, CA 92101**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Business League**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>01/25/12</b>	<b>\$ 75.00</b>	<b>Installation Dinner</b>
___/___/___	\$	
___/___/___	\$	

► NAME OF SOURCE (Not an Acronym)

**UA Plumbers & Pipefitters, Local 230**

ADDRESS (Business Address Acceptable)

**6313 Naney Ridge Drive, San Diego, 92121**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Labor Union**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>03/17/12</b>	<b>\$ 150.00</b>	<b>Awards Dinner</b>
___/___/___	\$	
___/___/___	\$	

► NAME OF SOURCE (Not an Acronym)

**YWCA San Diego County**

ADDRESS (Business Address Acceptable)

**1012 C Street, San Diego, CA 92101**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Social Services**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>04/16/12</b>	<b>\$ 120.00</b>	<b>Awards Luncheon</b>
___/___/___	\$	
___/___/___	\$	

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Martha N. Emerald

► NAME OF SOURCE (Not an Acronym)

Mesothelioma Research Foundation

ADDRESS (Business Address Acceptable)

5716 Corsa Ave., #203, Westlake Village, CA 91362

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 08 / 12	\$ 150.00	John L. Lyons Banquet
/  /	\$	
/  /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE (Not an Acronym)

Asian Business Association of San Diego

ADDRESS (Business Address Acceptable)

707 Broadway, #905, San Diego, CA 92108

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 12	\$ 70.00	Annual Gala
/  /	\$	
/  /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: